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	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				nber '	10/583,717-Conf. #6597		
FEE TRANSMITTAL				Filing Date Ju		June 20, 2006		
				First Named Inv	rentor i	Hiroshi Rikimaru		
For FY 2009				Examiner Name	١,	V. B. Chawan		
X Applicant claims small entity status. See 37 CFR 1.27			Art Unit 2		2626			
TOTAL AMOUNT OF PAYMENT (\$) 1,067.00			0	Attorney Docket No. IRD-0016				
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order Other (please identify):								
x Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FII	LING FEES Small Entity	SEA	RCH FEES Small Entity	EXAMIN	IATION FEES		
Application Ty	ype Fee (\$		Fee (\$)	Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)
Utility	330	165	540	270	220	110		
Design	220	110	100	. 50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity								
Fee Description				Fee (\$)	Fee (\$)			
Each claim over 20 (including Reissues)							52	26
Each independent claim over 3 (including Reissues)						·	220	110
4	•							
Multiple depend	dent claims			_ :			390	195
Multiple depend	dent claims <u>Extra Claims</u>		Fee	Paid (\$)		ultiple Depende	ent Claims	
Multiple depend Total Claims 36	dent claims  Extra Claims - 36 or HP	_ x =	Fee	Paid (\$)				
Multiple depend Total Claims 36	dent claims <u>Extra Claims</u>	x =					ent Claims	
Multiple depend  Total Claims  36  HP = highest num  Indep. Claims	Extra Claims - 36 or HP ther of total claims paid for	x =		Paid (\$)			ent Claims	
Multiple depend  Total Claims  36  HP = highest num  Indep. Claims  6	Extra Claims  - 36 or HP  ber of total claims paid for  Extra Claims	x = = , if greater than 20.	Fee				ent Claims	
Multiple depend  Total Claims  36  HP = highest num  Indep. Claims  6  HP = highest num  3. APPLICATIO	Extra Claims  - 36 or HP  - 6 or HP =  ber of independent claims  N SIZE FEE	x = , if greater than 20.  5     Fee (\$) = paid for, if greater than	Fee	Paid (\$)	<u>Fe</u>	<u>e (\$)                                      </u>	ent Claims Fee Paid (\$	
Multiple depend  Total Claims  36  HP = highest num  Indep. Claims  6  HP = highest num  3. APPLICATIO  If the specifical listings und	Extra Claims  - 36 or HP  ber of total claims paid for  Extra Claims  6 or HP =  ber of independent claims  ON SIZE FEE  ation and drawings exiter 37 CFR 1.52(e)),	x = , if greater than 20.  5     Fee (\$)  x = paid for, if greater than 20.  4     x = than 20.  5     Fee (\$)  5     x = than 20.  6     x = than 20.  6     x = than 20.  7     x = than 20.  8     x = than 20.  9     x = than 20.	Fee 13.	Paid (\$) excluding electris \$270 (\$135 f	Fe-	ed sequence or o	ent Claims Fee Paid (\$	<u>.</u>
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